## State of Delaware Office of Management and Budget, Statewide Benefits Office Request for Review or Appeal of Health Care Services

Any member of the State of Delaware's Group Health Insurance Program may request that the Statewide Benefits Office (SBO) conduct a review or appeal the processing of health care services provided by Aetna or Blue Cross Blue Shield of Delaware (BCBSD) for him/her-self, spouse, or child/ren. To begin the process the member must complete State of Delaware Authorization for Release Protected Health Information form and Request for Review or Appeal of Health Care Services. Please note, if concern is for the member's spouse or child 18 years of age or older, then spouse or child must complete and sign the State of Delaware Authorization for Release Protected Health Information form. These forms, and related information, are available at

http://ben.omb.delaware.gov/medical/index.shtml Forms must be printed, completed, and provided to SBO by fax at 302-739-8339 or by U.S. Mail to:

State of Delaware Statewide Benefits Office 500 W. Loockerman Street, Suite 320 Dover, DE 19904

Member Name:	
Member's Home Mailing Address:	
Member's e-mail address (if applicable):	
Member's daytime (between 8:00 A.M. to 4:30 P.M.) telephone number:	
Member employed by department, agency, school district, other group, or Office of Pensions:	
Member of: Aetna	Blue Cross Blue Shield of Delaware
Member ID Number (see Member ID Card):	or Social Security Number:
Concern/Appeal is for services provided to: Se	elfSpouseChild/ren
If Spouse or Child, provide Spouse or Child's Name and	d Date of Birth:
Name:	-
Date of Birth:	-
Overview of Concern/Appeal:	

With your submission please include any supporting documentation, Explanation of Benefits (EOBs), etc. that you desire SBO to review. The review process will begin when the State of Delaware Authorization for Release Protected Health Information form <u>and</u> Request for Review or Appeal of Health Care Services form are received. SBO staff can be reached by telephone at 302-739-8331 or 1-800-489-8933 to discuss concerns or questions.

T/Appeals & Exceptions/Request for Review or Appeal of Medical Care Services 3-7-12